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SUBJECT Response to 2nd Office Action (09/998,386)

Number of Pages 16

Date 6/2/2005

MESSAGE

This fax transmission contains:

1. one copy of a Fax Transmittal Form;
2. pne copy of a Fee Transmittal Letter; and
3. one copy of the Response.

Volel

PTO/SB/21 (02-04)

Approved for use through 07/31/2008. OMB 0651-0031

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FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/898,386
Filing Date	11/15/2001
First Named Inventor	Brown et al.
Art Unit	2176
Examiner Name	Malvhanh Nguyen
Attorney Docket Number	AUS920010875US1

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Volet Emile

Signature

Date

06/02/2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

Volet Emile

Signature

Date 06/02/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DOCKET NUMBER: AUS920010875US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re: Application of:
Brown et al.

Serial No: 09/998,386

Filed: 11/15/2001

Title: APPARATUS AND METHOD OF
HIGHLIGHTING LINKS IN A WEB PAGE

: Before the Examiner:
Maikhanh Nguyen

: Group Art Unit: 2176

: Confirmation No.: 7328

:

JUN 02 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

No additional fee is required
 The fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	36	MINUS	44	= 0	x 50 = \$ 0.00
Indep.	5	MINUS	8	= 0	x 200 = \$ 0.00
1st Presentation of Multiple Dep. Claim				x 360 =	\$ 0.00
				TOTAL	\$ 0.00

Please charge my Deposit Account No. 09-0447 in the amount of \$ 0.00.
A duplicate copy of this sheet is enclosed.

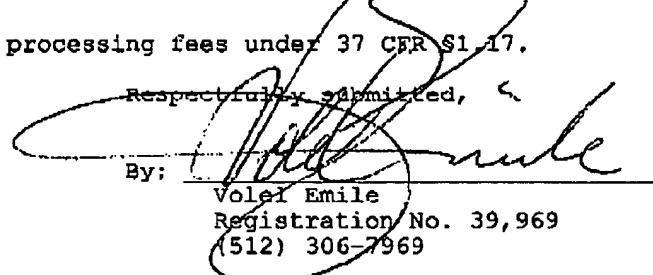
The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

Any additional fees required under 37 CFR §1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR §1.17.

Respectfully submitted,

By:



Volei Emile
Registration No. 39,969
(512) 306-7969

Appl. No. 09/998,386
Amdt. dated 06/02/2005
Reply to Office Action of 04/19/2005

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JUN 02 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of: :
Brown et al. :
Serial No: 09/998,386 : Before the Examiner:
Filed: 11/15/2001 : Maikhanh Nguyen
Title: APPARATUS AND METHOD : Group Art Unit: 2176
OF HIGHLIGHTING LINKS IN A WEB : Confirmation No.: 7328
PAGE :
:

AMENDMENT B

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of April 19, 2005,
please amend the above-identified Application as shown
below and consider the following Remarks.

List of CLAIMS begins on page 2 of this paper.

Remarks begin on page 10 of this paper.

AUS920010875US1

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